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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov 2992 West Beach Blvd ADDRESS (number and street) (Check if address is changed) Gulfport, 39502-4079 MS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rnewton@southernco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2016 C00144147 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Ms. Rachel V. Newton Type or Print Name of Treasurer Ms. Rachel V. Newton [Electronically Filed] 07 05 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FFC I	Form 1 (Revised 02/2009)	Page <b>2</b>	
TYPE OF	COMMITTEE	. 490 =	
Candida	te Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affili	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	ommittee:	(Danasa !!	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political	Action Committee (PAC):		
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nnected organization is a	
	X Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization Trade Association	Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fu	ndraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Сс	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	9	
Mississippi Power C	ompany Federal PAC a/k/a/ Ms Pwr Co Emp Comm for I	Resp Fed Gov
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	<del>-</del>
Mississippi Power Cor	ηρ <b>ạny</b> , , , , , , , , , , , , , , , , , , ,	
	2992 West Beach Blvd.	
Mailing Address	2992 West Deach Divu.	
	Gulfport MS 39502-407	79
	CITY STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in poss	session of committee
1	el V. Newton	ı
Full Name	,2992 West Beach Blvd.	
Mailing Address		
	Gulfport , MS , 39502-40	70
	Gulfport MS 39502-40	75
Title or Position	CITY STATE 2	ZIP CODE
Treasurer		365 5321
Treasurer: List the name an any designated agent (e.g., a)	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
T dil Ttallio	el V. Newton	1
of Treasurer	2992 West Beach Blvd.	
Mailing Address		
	Gulfport   MS   139502-407	79
		ZIP CODE
Title or Position Treasurer		65 - 5321

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Full Name of Designated Agent	Billy Thornton Jr.				
Mailing Address	2992 West Beach Blvd				
	Gulfport MS 39502-	4079 ZIP CODE			
Title or Position Chairman		864   -   1211			
<ul> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ul>					
	Hancock Bank				
Mailing Address	2510 14th Street				
	Gulfport MS 39501				
	CITY STATE	ZIP CODE			
Name of Bank, [	Depository, etc.				
Mailing Address					

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🙇 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor SOUTHERN COMPANY EMPLOYEES PAC 241 RALPH MCGILL BOULEVARD NE Mailing Address BIN 10015 **ATLANTA** 30308 GA **CITY** ZIP CODE STATE 4 Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Donna L. Wilkerson Full Name 2992 West Beach Blvd. Mailing Address Gulfport MS 39502-4079 Title or Position CITY # **STATE** ZIP CODE Vice-Chair 228 864 1211 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Michael R. Harvey Full Name 2992 West Beach Blvd. Mailing Address Gulfport MS 39502-4079 Title or Position CITY # **STATE** ZIP CODE Secretary/Asst. Trea 601 545 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Rachel V. Newton Full Name 2992 West Beach Blvd Mailing Address Gulfport MS 39502-4079 Title or Position CITY # **STATE** ZIP CODE 228 5321 Treasurer Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number